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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/30/2012 4:00 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	ISON ESHBERGAN C		ART OF STATE	
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organiz Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned app	lies to qualify and for	that purpose submits the	following statements:
Article I: The name of the limited	d liability company is			·
Article II: The street address of	the limited liability compa	ny's initial registered	office in Kentucky is	
1611 Bardstown Street Address Only (No Post Office B	Rcl Box Numbers)	City	Sville KY	40205 Zip Code
and the name of the initial regist	ered agent at that office is	: CHARLES	ROBERT NEI	UTZ JR.
Article III: The mailing address of	of the limited liability comp	pany's initial principal	office is	
1611 Bards town Street Address or Post Office Box Nu	Rd	•	State KY	40205. Zip Code
Article IV: The limited liability con A. a manager(s).  B. its member(s).	ompany is to be managed	by (must check one)	:	
Article V: This application will be	e effective upon filing, unle	ess a delayed effectiv	e date and/or time is prov	ided. The effective
date or the delayed effective dat	e cannot be prior to the d	ate the application is	filed. The date and/or time	e is 30 MAY2012 (Delayed effective date and/or time)
I/We declare under penalty of pe				
Signature of Organizer	<b>V</b> . (	harles Robert   Printed Name & Title	News Jr. /Co-Own	or 30 May 2012 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent	Venta Jr.		gistered agent on behalf of the lin	nited liability company.
Signature of Registered Agent	) <u></u>	Charles Rot Printed Name	sert Neutz Sr Date	30 May 2010

(01/12)